

PASSAIC VALLEY SEWERAGE COMMISSIONERS  
APPLICATION FOR A SEWER USE PERMIT

SECTION A

INDUSTRIAL <u>170-2530</u>			
8110	8115	8120	8205
DEC 01 2003			

1. Company Name: **R.J.B. Metal Finishing, Inc.**

2. Permit Number if applicable: **20200105**

3. Location: **175 Christie Street, Newark NJ**

Zip Code: **07105**

4. Mailing Address: **175 Christie Street, Newark NJ**

Zip Code: **07105**

5. Person to contact concerning information provided in this application:

Name of Contact Official: **Robert P. Micele**

Title: **President**  
**1112**

Phone No.: **973-589-**

Address: **175 Christie Street, Newark NJ**

Zip code: **07105**

6. Number of Employees - Full Time: **11**

Part Time: **8**

Number of Work Days Per Year: **268**

Number of Shifts Per Day: **1**

7. If property is owned indicate block and lot number: **NA**

Assessed Value: **NA**

8. If property is rented indicate name and address of owner: **Crusader Services Corp., 179 Washington Avenue, Jenkintown PA 19046**

Total square feet rented: **19,019.4**

9. List NJPDES Permit Number if applicable. **NA**

and

Name of receiving Body of Water entered **NA**

## SECTION B

**WATER DATA**

10. Water Source: (Circle all appropriate answers)

Purchased

Well

River

(Y) (N)

(Y) (N)

(Y) (N)

If Y, is it metered

Y - N

If Y, is it metered

Y - N

11. Name of purchased water supplier: **City of Newark**List all Account #'s: **0028938**

12. Water Received: From Mo. **10** Yr. **2002** Through Mo. **9** Yr. **2003**  
 (\* Next to a figure means it is estimated).

	PURCHASED	WELL	RIVER	TOTAL
V, Qtr.	<b>1,018,498</b>	<b>0</b>	<b>0</b>	<b>1,018,498</b>
2nd Qtr.	<b>1,158,428</b>	<b>0</b>	<b>0</b>	<b>1,158,428</b>
3rd Qtr.	<b>955,637</b>	<b>0</b>	<b>0</b>	<b>955,637</b>
4th Qtr.	<b>916,083</b>	<b>0</b>	<b>0</b>	<b>916,083</b>

GRAND TOTAL **4,048,296**

Report in gallons

13. Water Use and Disposition (\*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/Ditch	Gallons Used Other
Sanitary service only	<b>875,310</b>	<b>0</b>	
Process waste water	<b>3,014,337</b>	<b>0</b>	
Cooling water	<b>0</b>	<b>0</b>	<b>&lt;</b>
Evaporation			<b>158,649</b>
Contained in the product			<b>0</b>
Other (describe)			<b>0</b>

GRAND TOTAL **4,048,296**

**SECTION B (continued)**

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer	<del>Y</del> -N
To the Combined Sewer	Y- <del>N</del>
To the Storm Sewer	Y- <del>N</del>
River or Ditch	Y- <del>N</del>

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility.

Contractor	Address	Icc #	Waste type handled
Stablex Canada	760 Industrial Blvd. Blainville, Quebec CA 57C 3V4	Not known	Filter Cake

**SECTION C****OPERATIONAL CHARACTERISTICS**

16. Discharge of Industrial Waste is continuous **NA**  
or intermittent **10 Hours** each operating day.  
If the discharge is intermittent, it occurs between the following hours: **7 AM – 5 PM**

17. Brief description of Manufacturing or other activity performed  
**Plating on metal parts**

List SIC CODE #: **3471**

18. Principal Raw Materials used: **Nickel, Chromium, Zinc**

19. Principal Products or Services: **Electroplating and Mechanical Plating**

20. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc.  
Include variations in product lines which affect waste characteristics: **NA**

### SECTION D

#### MONITORING

21. Describe any pretreatment process or effluent monitoring system in use:  
Outlet **20408141 Pretreatment Ph and Precipitation System with Continuous Ph Meter**

Outlet

Outlet

22. Sampling information:

	Contains Industrial		
Outlet	Waste	Sampler Type	Refrigerated
<b>20408141</b>	<b>Yes</b>	<b>Fitted Chamber</b>	<b>Yes</b>

**SUPERSEDED**

**SECTION D (continued)**

23.	Volume information			
	Outlet	Daily Flow (Gallons)	Metered (Y - N)	Type      Date
	20408141	11,288	Yes	<b>Parshall Flume Calibrated by PVSC, Not Resettable</b>

24. Frequency of calibration of each flow meter:      **Semi-annually**

25. Attach plot plan of the property showing:
- (a) all existing or proposed sewer and dra lines (including outlets to a storm sewer, river or ditch);
  - (b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).
  - (c) details of the connection(s) to the municipal (or PVSQ sewer, including the distance and direction of each connection from the nearest street intersection.

**Plot Plan attached**

**SUPERSEDED**

## SECTION E

### ANALYSIS OF INDUSTRIAL WASTE

26. Analysis for Industrial Waste must be a proper sample taken for each outlet. OUTLET NO. **20408141 SEE ATTACHED SIX MONTH RESULTS**

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 Mg/l			Report to the nearest hundredth: O.XX Except where indicated Example: 0.36 mg/l		
Code	Parameter	Value	Code	Parameter	Value
0200*	Radioactivity (PL-1)		1097*	Antimony (Sb)	
0500	Total Solids	446 mg/L	1002*	Arsenic (As)	
0505	Volatile Solids	22 mg/L	1022*	Boron (B)	
0530	Total Suspended Solids	6.0 mg/L	1027	Cadmium (Cd)	0.020 mg/L
0540	Volatile Suspended Solids	3.0 mg/L	1034*	Chromium Total (Cr)	0.044 mg/L
0555	(1)(3) Petroleum Hydrocarbons	13.8 mg/L	1042	Copper (Cu)	0.118 mg/L
0310	Biochemical Oxygen Demand (BOD)	3.8 mg/L	1045*	Iron (Fe)	
			1051	Lead (Pb)	0.201 mg/L
0340	Chemical Oxygen Demand (COD)	20.6 mg/L	0720*(3)	Cyanide (Cn)	<0.015 mg/L
			1900	Mercury (Report to O.XXX)	<0.0001 mg/L
0680	Total Organic Carbon (TOC)	7.34 mg/L	1067	Nickel (Ni)	6.74 mg/L
			1147*	Selenium (Se)	
9000	pH(standard unit range)	pH 8.4 Mtr	1077*	Silver (Ag)	<.002 mg/L
0610	(1) Ammonia as N	0.344 mg/L	1102*	Tin (Sn)	
0550	(1)(3) Total Oil & Grease	10.5 mg/L	1092	Zinc (Zn)	0.349 mg/L
0745*	(1) Sulfide		2730	Phenol	<0.011mg/L
0507*	(1) Ortho Phosphates as P		4053*	Pesticides (Report to OXXX)	
0625*	(1) Kjeldahl N as N				
9998*	(2)(3) TTO (Report to OXXX)		9999*(3)	TTV0 (Report to O.XY-X)	

#### FOOTNOTES:

(1) Report results to the nearest tenth, i.e., 1.6 mg/l.

(\*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted. (2) See instructions.

(3) Grab sample required

Rev: 1/87  
8/89  
7/90  
9/94  
8/95  
11/95  
07/98

# SUPERSEDED

**SECTION E (continued)**Samples collected by: **NA**Sample analyzed by **NA**

Date

Products being manufactured when sample was collected: **NA**

Date

27. Who performs the analyses of the samples for User Charge?

**South Mall Analytical Labs, Inc.  
26 North Mall, Plainview NY 11803**28. Is the Laboratory certified by NJDEP to conduct all the analyses? Y – N **YES**

29. Who performs the analyses of the samples for the Pretreatment Parameters?

**South Mall Analytical Labs, Inc.  
26 North Mall, Plainview NY 11803**If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state: **NA**

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?

**Y – N YES**

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1, 2 &amp; 3 is present in your discharge.

**SECTION F****PRETREATMENT**

32. Industrial Category: **433**  
Subpart (s):
33. Compliance date(s): **04/01/99**
34. Is facility in compliance? **YES** If not, and if compliance date has passed, explain actions being taken to get into compliance:
35. Date Baseline Monitoring Report (BMR) submitted to PVSC: **2000**
36. Compliance schedule submitted: **2001**  
If yes is facility on schedule? **YES** Explain if compliance date will not be met:
37. Does this facility come under the Resource Conservation and Recovery Act (RCRA)? If yes, describe: **Yes, Plating Process is regulated by RCRA**
38. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan? If yes, describe: **YES, part of the Emergency Response/Contingency Plan**
39. Has NJDEP or EPA ever cited this facility for a violation of State or Federal Regulations for the nature of its wastewater discharge? Y – N **NO**
40. Is this facility under an ISRA Clean up? If so, has a plan been approved by NJDEP: **NO**  
Is there any plan to discharge groundwater? **NO**



**CERTIFICATION\*:**

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official: **Robert P. Micele**

Print Name

TITLE: **President**

11-26-03  
DATE

**SUPERSEDED**  
  
SIGNATURE

**\*APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:**

- a. Principal Officer of Corporation
- b. President or Owner of Company
- c. General Partner if a Partnership
- d. Plant Manager or Authorized Representative

TABLE 1 EPA PRIORITY POLLUTANTS

CHECK APPROPRIATE BOX

NAME	A	B	C	D		A	B	C	D
Acenaphthene				X	2,4 dimethylphenol				X
acrolein				X	2,4 dinitrotoluene				X
acrylonitrile				X	2,6 dinitrotoluene				X
benzene				X	1,2 diphenylhydrazine				X
benzidine				X	ethylbenzene				X
carbon tetrachloride				X	fluoranthene				X
(tetrachloromethane)				X	4-chlorophenyl phenyl ether				X
chlorobenzene				X	4-bromophenyl phenyl ether				X
1,2,4-trichlorobenzene				X	bis(2-chloroisopropyl) ether				X
hexachlorobenzene				X	bis(2-chloroethoxy) methane				X
1,2 dichloroethane				X	methylene				X
1,1,1 trichloroethane				X	chloride(dichloromethane)				X
hexachloroethane				X	methyl chloride				X
1, 1,dichloroethane				X	(chloromethane)				X
1,1,2 trichloroethane				X	methyl bromide				X
1, 1,2,2 tetrachloroethane				X	(bromomethane)				X
chloroethane				X	bromoforin(tribromomethane)				X
bis(chloromethyl) ether				X	dichlorobromomethane				X
Bis(2 chloroethyl) ether				X	trichlorofluoromethane				X
2-chloroethyl vinyl ether mixed				X	dichlorodifluoromethane				X
2-chloronaphthalene				X	chlorodibromomethane				X
2,4,6, trichlorophenol				X	hexachlorobutadiene				X
parachlorometa cresol				X	hexachlorocyclopentadiene				X
Chloroform (trichloromethane)				X	isophorone				X
2 chlorophenol				X	naphthalene				X
1,2, dichlorobenzene				X	nitrobenzene				X
1,3, dichlorobenzene				X	2-nitrophenol				X
1,4, dichlorobenzene				X	4-mtrophenol				X
3 3 dichlorobenzi dine				X	2 4-dinitronhenol				X
1, 1,dichloroethylene				X	4,6 dinitro-o cresol				X
1,2 trans-dichloroethylene				X	N-mtrosodimethylamine				X
2,4,dichlorophenol				X	N-nitrosodiphenlamine				X
1,2, dichloropropane				X	N-nitroso-di-n-propylamine				X
1,3, dichloropropylene				X	pentachlorophenol				X
(1,3 dichlor propene)				X	phenol				X

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT

TABLE 1 EPA PRIORITY POLLUTANTS (continued)

CHECK APPROPRIATE BOX

NAME	A	B	C	D		A	B	C	D
bis(2-ethylhexyl) phthalate				X	endrin				X
butylbenzylphthalate				X	endrin aldehyde				X
di-n-butylphthalate				X	heptachlor				X
di-n-octylphthalate				X	heptachlor (epoxide)				X
diethylphthalate				X	BHC Alpha				X
dimethylphthalate				X	BHC Beta				X
benzo(a)anthracene				X	BHC Gamma				X
benzo(a)pyrene				X	BHC Delta				X
3,4 benzofluoranthene				X	PCB1242				X
benzo(k) fluoranthene				X	PCB1254				X
chrysene				X	PCB1221				X
acenaphthylene				X	PCB1232				X
anthracene				X	PCB1248				X
benzo(ghi)perylene				X	PCB1260				X
fluorene				X	PCB1016				X
phenanthrene				X	toxaphene				X
dibenzo (a,h) anthracene				X	antimony (total)				X
indeno, (1,2,3-c,d) pyrene				X	arsenic (total)				X
pyrene				X	asbestos (fibrous)				X
tetrachloroethylene				X	beryllium (total)				X
toluene				X	cadmium (total)				X
trichloroethylene				X	chromium (total)	X			
vinyl chloride				X	copper (total)	X			
aldrin				X	cyanide (total)	X			
dieldrin				X	lead (total)	X			
chlordan				X	mercury (total)	X			
4,4 DDT				X	nickel (total)	X			
4,4, DDE				X	selenium (total)				X
4,4, DDD				X	silver (total)	X			
endosulfan I				X	thallium (total)				X
endosulfan II				X	zinc (total)	X			
endosulfan sulfate				X	2,3,7,8, tetrachlorodibenzo				X
				X	p-dioxin				X

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT

**TABLE 2 NJDEP EXPANDED PRIORITY POLLUTANTS**  
**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	
acrylamide				X	n,n-dimethyl aniline				X
amitrole				X	3,3-dimethyl benzidine				X
amyl alcohols				X	1, 1 -dimethylhydrazine				X
aniline hydrochloride				X	dioxane				X
anisole				X	diphenylamine				X
auramine				X	ethylenimine				X
benzotrichloride				X	hydrazine				X
benzylamine				X	4,4-methylene bis				X
				X	(2-chloraniline)				X
o-chloroaniline				X	4,4-methylenedianiline				X
m-chloroaniline				X	methyl isobutyl ketone				X
p-chloroaniline				X	alpha-naphthylamine				X
1-chloro-2-nitrobenzene				X	beta-naphthylamine				X
1-chloro-4-nitrobenzene				X	n-methylaniline				X
chloroprene				X	1,2- phenylenediamine				X
chrysoidine				X	1,3- phenylenediamine				X
cumene				X	1,4-phenylenedianiline				X
2,3-dichloroaniline				X	sudan I (solvent yellow 14)				X
2,4-dichloroaniline				X	thiourea				X
2,5-dichloroaniline				X	toluene sulfonic acids				X
3,4-dichloroaniline				X	oxalindines				X
3,5-dichloroaniline				X	oxalindines				X
1,3-dichloropropene				X					X
1-3-dimethoxybenzidine				X					X

- A. KNOWN TO BE PRESENT**  
**B. SUSPECTED TO BE PRESENT**  
**C. KNOWN TO BE ABSENT**  
**D. SUSPECT TO BE ABSENT**

TABLE 3 EPA HAZARDOUS SUBSTANCESCHECK -APPROPRIATE BOX

NAME	A	B	C	D		A	B	C	D
acetaldehyde				X	isoprop olamine				X
allyl alcohol				X	kelthane				X
allyl chloxide				X	kepone				X
ainyl acetate				X	malathion				X
aniline				X	mercaptodimethur				X
benzonithle				X	methoxychlor				X
benzyl chloride				X	methyl mercaptan				X
butyl acetate				X	methyl metliacrylate				X
butylainine				X	methly parathion				X
captan				X	mevinphos				X
carbaryl				X	mexacarbate				X
carbofuran				X	monoethylamine				X
carbon disulfide				X	monomethylamine				X
chlorpyrifos				X	naled				X
coumaphos				X	naphthemic acid				X
cresol				X	nitrotoluene				X
crotonaldehyde				X	Parathion				X
cyclohexane				X	phenoisulfanate				X
2,4-D (2,4-dichlorophenoxy)				X	phosgene				X
acetic acid				X	p pagrite				X
diazinon				X	ro ylen oxide				X
dicamba				X	pyrethrins				X
dichlobenil				X	quinolin				X
dichlone				X	resorcinol				X
2,2-dichloropropionic acid				X	strontium				X
dichlorvos				X	strvchnine				X
diethylamine				X	strvrene				X
dimethylamine				X	2,4,5-T (2,4,5-trichloro- phenoxy acetic acid)				X
dinitrobenzene				X	TDE (tetrachloro- diphenylethane)				X
diguat				X	2,4,5-TP 2(2,4,5- trichlorophenoxy				X
disulfoton				X	trichlorofon				X
diuron				X	triethyl ine				X
epichlorohydrin				X	tn*meth lamine				X
				X	propanoic acid				X

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT

**TABLE 3 EPA HAZARDOUS SUBSTANCES (continued)**  
**CHECK APPROPRIATE BOX**

NAME		AB	C	D		A	B	C	D
ethanolamine				X	uranium				X
ethion				X	vanadium				X
ethylene diamine				X	vinyl acetate				X
ethylene dibromide				X	xylene				X
formaldehyde				X	xylitol				X
furfural				X	zirconium				X
guthion				X					
isoprene				X					

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT

**SUPERSEDED**

**SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE**

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name of the applicant for service of process and the individual to be contacted in the event of an emergency.

**SECTION ONE**

(To be completed by all applicants)

NAME OF APPLICANT: State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement or other official document which establishes the name of the applicants (if no such document exists, state the name the business uses):

**R.J.B. Metal Finishing, Inc.**

Name of Applicant

TRADE NAME: Identify all trade names and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made. **d.b.a. Carlton-Cooke Metal Finishing**

Trade Name/Fictitious Name

BUSINESS ORGANIZATION: Please check the appropriate box:

- |   |  |
|---|--|
| <input type="checkbox"/> Sole proprietorship    | <input type="checkbox"/> Trust                     |
| <input type="checkbox"/> Partnership            | <input type="checkbox"/> Joint Venture             |
| <input type="checkbox"/> Limited Partnership    | <input type="checkbox"/> Non-Profit Corporation    |
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (describe)       |  |

SUPERSEDED

EMERGENCY CONTACT PERSON: In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name:	<b>Robert P. Micele</b>
Street Address:	<b>175 Christie Street</b>
City, State & Zip Code:	<b>Newark NJ 07105</b>
Business Telephone:	<b>973-589-1112</b>
Emergency Telephone:	<b>732-829-5041</b>

**SECTION TWO**

(To be completed only by Corporations and Limited Liability Companies)

REGISTERED AGENT: Identify the name and address of the Corporation's Registered Agent:

Name: **Robert P. Micele**  
Company Name: **R.J.B. Metal Finishing, Inc.**  
Street Address: **175 Christie Street**  
City, State & Zip Code: **Newark NJ 07105**

DATE AND PLACE OF INCORPORATION/FORMATION: Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State: **NJ**  
Date: **10 OCT 1999**

DATE AUTHORIZED IN NEW JERSEY: If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: NA

**SUPERSEDED****SECTION THREE**

(To be completed only by Partnerships or Joint Ventures)

FORM OF PARTNERSHIP: Check One. **NA**☐ General partnership☐ Limited Partnership

PARTNERS: Identify (by name, residence address, business address and daytime telephone number) each partner or joint venture. (attach additional sheets if necessary):

Name: Street Address:  
City, State & Zip Code:

Name: Street Address:  
City, State & Zip Code:



SECTION FOUR

(This section to be completed only if the business concern is organized in a form other than a sole proprietorship, corporation, partnership or joint venture-such as a trust or association)

FORM OF BUSINESS ORGANIZATION: Describe how the business entity is organized and under what legal authority it was established.

NA

SUPERSEDED

CERTIFICATION

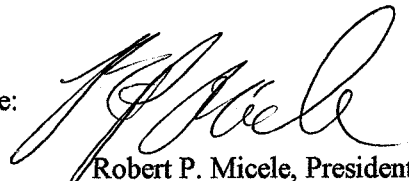
(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am Subject to punishment,

Dated:

11/26/03

Signature:

  
Robert P. Micele, President

## Addendum: SIX MONTH SAMPLING RECORD

PARAMETER	MONTH		CONCENTRATION			# OF SAMPLES	SAMPLE TYPE
			MON AVG	MAXIMUM	UNITS		
Cyanide T	SEP 03	SAMPLE MEASUREMENT	<0.015	<0.015	mg/l	1	GRAB
	AUG 03	"	<0.015	<0.015	mg/l	1	
	JUL 03	"	<0.015	<0.015	mg/l	1	
	JUN 03	"	<0.015	<0.015	mg/l	1	
	MAY 03	"	<0.015	<0.015	mg/l	1	
	APR 03	"	<0.015	<0.015	mg/l	1	
		PERMIT REQUIREMENT	0.650	1.200	mg/l	1	
Cadmium	SEP 03	SAMPLE MEASUREMENT	<0.001	<0.001	mg/l	1	COMPOSITE
	AUG 03	"	<0.001	<0.001	mg/l	1	
	JUL 03	"	<0.001	<0.001	mg/l	1	
	JUN 03	"	<0.001	<0.001	mg/l	1	
	MAY 03	"	<0.001	<0.001	mg/l	1	
	APR 03	"	<0.001	<0.001	mg/l	1	
		PERMIT REQUIREMENT	0.070	0.110	mg/l	1	
Copper	SEP 03	SAMPLE MEASUREMENT	0.075	0.075	mg/l	1	COMPOSITE
	AUG 03	"	0.073	0.073	mg/l	1	
	JUL 03	"	0.102	0.102	mg/l	1	
	JUN 03	"	0.176	0.176	mg/l	1	
	MAY 03	"	0.122	0.122	mg/l	1	
	APR 03	"	0.064	0.064	mg/l	1	
		PERMIT REQUIREMENT	2.070	3.380	mg/l	1	
Lead	SEP 03	SAMPLE MEASUREMENT	<0.030	<0.030	mg/l	1	COMPOSITE
	AUG 03	"	<0.016	<0.016	mg/l	1	
	JUL 03	"	<0.003	<0.003	mg/l	1	
	JUN 03	"	<0.003	<0.003	mg/l	1	
	MAY 03	"	<0.003	<0.003	mg/l	1	
	APR 03	"	<0.004	<0.004	mg/l	1	
		PERMIT REQUIREMENT	0.430	0.690	mg/l	1	
Nickel	SEP 03	SAMPLE MEASUREMENT	0.259	0.259	mg/l	1	COMPOSITE
	AUG 03	"	0.212	0.212	mg/l	1	
	JUL 03	"	0.211	0.211	mg/l	1	
	JUN 03	"	0.718	0.718	mg/l	1	
	MAY 03	"	0.628	0.628	mg/l	1	
	APR 03	"	0.596	0.596	mg/l	1	
		PERMIT REQUIREMENT	2.380	3.980	mg/l	1	
Zinc	SEP 03	SAMPLE MEASUREMENT	0.294	0.294	mg/l	1	COMPOSITE
	AUG 03	"	0.365	0.365	mg/l	1	
	JUL 03	"	0.160	0.160	mg/l	1	
	JUN 03	"	1.375	1.375	mg/l	2	
	MAY 03	"	0.600	0.600	mg/l	1	
	APR 03	"	0.515	0.515	mg/l	1	
		PERMIT REQUIREMENT	1.480	2.610	mg/l	1	
Mercury	SEP 03	SAMPLE MEASUREMENT	<0.010	<0.010	mg/l	1	COMPOSITE
	AUG 03	"	<0.014	<0.014	mg/l	1	
	JUL 03	"	<0.010	<0.010	mg/l	1	
	JUN 03	"	<0.012	<0.012	mg/l	1	
	MAY 03	"	<0.014	<0.014	mg/l	1	
	APR 03	"	<0.010	<0.010	mg/l	1	
		PERMIT REQUIREMENT	0.080	NA	mg/l	1	

JR METAL FINISHING CO.

## Addendum: SIX MONTH SAMPLING RECORD

Silver	SEP 03	SAMPLE MEASUREMENT	<0.009	<0.009	mg/l	1	COMPOSITE
	AUG 03	"	<0.002	<0.002	mg/l	1	
	JUL 03	"	<0.002	<0.002	mg/l	1	
	JUN 03	"	<0.002	<0.002	mg/l	1	
	MAY 03	"	<0.002	<0.002	mg/l	1	
	APR 03	"	<0.002	<0.002	mg/l	1	
		PERMIT REQUIREMENT	0.240	0.430	mg/l	1	
Chromium	SEP 03	SAMPLE MEASUREMENT	0.096	0.096	mg/l	1	COMPOSITE
	AUG 03	"	0.117	0.117	mg/l	1	
	JUL 03	"	0.117	0.117	mg/l	1	
	JUN 03	"	0.257	0.257	mg/l	1	
	MAY 03	"	0.206	0.206	mg/l	1	
	APR 03	"	0.856	0.856	mg/l	1	
		PERMIT REQUIREMENT	1.710	2.770	mg/l	1	

		BOD	TSS			
SEP 03	SAMPLE MEASUREMENT	9.2	5.1	mg/l	1	GRAB
AUG 03	"	11.4	<5.0	mg/l	1	
JUL 03	"	18.3	<5.0	mg/l	1	
JUN 03	"	13.3	6.4	mg/l	1	
MAY 03	"	13.3	6.4	mg/l	1	
APR 03	"	12.0	5.6	mg/l	1	

# SUPERSEDED

JR METAL FINISHING CO.

**SUPPLEMENTAL SEWER USE APPLICATION QUESTIONNAIRE**

The following questionnaire must be completed and submitted by all industrial and taxexempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name and address of the applicant and all individuals and entities owning 10% or more of the applicant. This will assist the PVSC by providing necessary information for service of notices, bills and other documents upon the applicant, for service of process as well as the individual to be contacted in the event of an emergency.

BY SIGNING THIS APPLICATION THE APPLICANT IS ACKNOWLEDGING ITS CONTINUING OBLIGATION TO UPDATE THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE. SPECIFICALLY THE APPLICANT UNDERSTANDS THAT IT SHALL NOTIFY THE PVSC WITHIN THIRTY (30) DAYS OF ITS ENTERING INTO A CONTRACT OR AGREEMENT TO TRANSFER ITS CAPITAL STOCK AND/OR 50% OR MORE OF ITS ASSETS. THE APPLICANT SHALL LIKEWISE INFORM THE PVSC, ON A CONTINUING BASIS, OF ALL INDIVIDUALS OR ENTITIES OWNING 10% OR MORE OF THE CAPITAL STOCK OR ASSETS OF THE CORPORATION AND ANY INDIVIDUAL OR ENTITY ENTITLED TO RECEIVE MORE THAN 10% OF THE NET PROFITS OF THE APPLICANT.

FAILURE TO NOTIFY THE PVSC OF ANY CHANGES IN THE CORPORATE STRUCTURE, OWNERSHIP OR PLANNED TRANSFER OF OWNERSHIP WITHIN 15 DAYS OF ITS OCCURRENCE SHALL BE DEEMED A VIOLATION OF THE SEWER USE PERMIT, THE RULES AND REGULATIONS OF THE PVSC AND N.J.S.A. 58:14-1 et. seq.

# SUPERSEDED

**SECTION ONE**

(To be completed by all applicants)

NAME OF APPLICANT: State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement, trust or other official document which establishes the name of the applicant (if no such document exists, state the name the business uses):

**R.J.B. Metal Finishing, Inc.**

Name of Applicant

TRADE NAME: Identify all trade names, names under which the applicant will be doing or soliciting business and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

**R.J.B. Metal Finishing, Inc. dba Carlton-Cooke Metal Finishing**

Trade Name/Fictitious Name

2 of 13

BUSINESS ORGANIZATION: Please check the appropriate box:

- |   |  |
|---|--|
| <input type="checkbox"/> Sole Proprietorship    | <input type="checkbox"/> Trust                     |
| <input type="checkbox"/> Partnership            | <input type="checkbox"/> Joint Venture             |
| <input type="checkbox"/> Limited Partnership    | <input type="checkbox"/> Non-Profit Corporation    |
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (describe)       |  |

EMERGENCY CONTACT PERSON: In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: Robert P. Micele  
 Street Address: 175 Christie Street  
 City, State & Zip Code: Newark NJ 07105

Business Telephone: 973-589-1112

Emergency Telephone: 732-829-5041

PAST NAMES OF APPLICANT. List all names under which the applicant has done business or held itself out to the public as doing business in the past. include names of division, and "trading as," "doing business as," fictitious, or informal name.

Name	From (Year)	To (Year)
Carlton-Cooke Metal Finishing	2000	Present
JR Metal Finishing	1999	Present

SUPERSEDED

APPLICANT'S FORMER FACILITIES IN NEW JERSEY. List all locations, including office, in the State of New Jersey at which the applicant formerly operated any aspect of its business, and any location at which such a business was owned or operated by any predecessor of the applicant, or by any owner, partner, director, officer, key employee or stockholder holding 10% or more of the applicant's equity.

Address	Type of Facility	From To (years)	NJDEP regis. No. and or USEPA I.D.
---------	------------------	-----------------	------------------------------------

NA

2 of 13

BUSINESS ORGANIZATION: Please check the appropriate box:

- |   |  |
|---|--|
| <input type="checkbox"/> Sole Proprietorship    | <input type="checkbox"/> Trust                     |
| <input type="checkbox"/> Partnership            | <input type="checkbox"/> Joint Venture             |
| <input type="checkbox"/> Limited Partnership    | <input type="checkbox"/> Non-Profit Corporation    |
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (describe)       |  |

EMERGENCY CONTACT PERSON: In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: Robert P. Micele  
 Street Address: 175 Christie Street  
 City, State & Zip Code: Newark NJ 07105

Business Telephone: 973-589-1112

Emergency Telephone: 732-829-5041

PAST NAMES OF APPLICANT. List all names under which the applicant has done business or held itself out to the public as doing business in the past. include names of division, and "trading as," "doing business as," fictitious, or informal name.

Name	From (Year)	To (Year)
Carlton-Cooke Metal Finishing	2000	Present
JR Metal Finishing	1999	Present

**SUPERSEDED**

APPLICANT'S FORMER FACILITIES IN NEW JERSEY. List all locations, including office, in the State of New Jersey at which the applicant formerly operated any aspect of its business, and any location at which such a business was owned or operated by any predecessor of the applicant, or by any owner, partner, director, officer, key employee or stockholder holding 10% or more of the applicant's equity.

Address	Type of Facility	From To (years)	NJDEP regis. No. and or USEPA I.D.
---------	------------------	-----------------	------------------------------------

NA

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**APPLICANT'S FACILITIES IN OTHER JURISDICTIONS.** List all locations in any state, including offices, districts or territory of the United States other than New Jersey, or in any foreign country, at which the applicant is currently operating any aspect of its business.

Address	Telephone	Type of facility	USEPA I.D. and/or any permits (nos. and name of issuing agency)
---------	-----------	------------------	---

NA

## SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

**REGISTERED AGENT:** Identify the name and address of the Corporation's Registered Agent:

Name: **Robert P. Micele**  
Company Name: **R.J.B. Metal Finishing, Inc.**  
Street Address: **175 Christie Street**  
City, State & Zip Code: **Newark NJ 07105**  
Telephone: **973-589-1112**  
(Area Code)

**DATE AND PLACE OF INCORPORATION/FORMATION:** Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:  
State/Country: **New Jersey USA**  
Date: **14 Oct 1999**

**SUPERSEDED**Certificate of Incorporation No.: **0100795641**

Copy of certificate of incorporation attached?

☒ Yes☐ No

**DATE AUTHORIZED IN NEW JERSEY:** If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: **NA**

OFFICERS. List the following information as to each Officer of the corporation. Use **additional copies of this section as necessary.**

Name: **Robert P. Micele** Telephone: **973-589-1112**  
Business address: **175 Christie Street, Newark NJ 07105**  
Office Date took Date of  
held office birth  
**President Oct. 14 1999 4-22-58**

Name: Telephone: **973-589-1112**  
Business address: **175 Christie Street, Newark NJ 07105**  
Office Date took Date of  
held office birth  
**Vice President/Treas Feb 15, 2002 5-4-58**

DIRECTORS. List the following information as to each Director of the corporation. Use **additional copies of this section as necessary.**

Name: **Robert P. Micele** Telephone: **973-589-1112**  
Business address: **175 Christie Street, Newark NJ 07105**  
Office Date took Date of  
held office birth  
**President Oct. 14 1999 4-22-58**

Name: Telephone: **973-589-1112**  
Business address: **175 Christie Street, Newark NJ 07105**  
Office Date took Date of  
held office birth  
**Vice President/Treas Feb 15, 2002 5-4-58**



**FORMER OFFICERS AND DIRECTORS:** List the following information as to each person who was an Officer or Director of the corporation at any time during the last 10 years and is not listed in the responses above. Use **additional copies of this section, as necessary.**

**Name and last known address:** Joseph Coviello, 175 Christie Street Newark NJ 07105

Position held	From	To (month/year)	Date of birth
President	1999	Oct 2003	Unkown

### SECTION THREE

(To be completed only by Corporations and Limited Liability Companies)

List all persons and/or entities holding a 10% or greater ownership, equity, beneficial or other interest in the Applicant along with the addresses and telephone #. Use **additional copies of this section as necessary.**

Name: **Robert P. Micele**

Street Address: **175 Christie Street**

City, State & Zip Code: **Newark NJ 07105** Bus.Phone **973-589-1112**

Name: **Barton S. Fried**

Street Address: **175 Christie Street**

City, State & Zip Code: **Newark NJ 07105** Bus.Phone **973-589-1112**

**SUPERSEDED**

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

### SECTION FOUR

(To be completed only by Partnerships or Joint Ventures)

**NA**

Provide a copy of the partnership or joint venture agreement of applicant.

Copy attached?

Yes

No

**TYPE OF ASSOCIATION:**

Check One

☐ General Partnership☐ Limited Partnership

Joint Venture

**GENERAL PARTNERS OR JOINT VENTURERS.** List the following information as to each partner or joint venturer. **Use additional copies of this section, as necessary.** If a limited partnership, list limited partners separately under the heading "limited partners."

Name:

Street Address:

City, State &amp; Zip Code:

Telephone:

Name:

Street Address:

City, State &amp; Zip Code:

Telephone:

**SUPERSEDED**

**LIMITED PARTNERS.** List the following information as to each limited. Use **additional copies of this section as necessary.**

Name:

Street Address:

City, State &amp; Zip Code:

Telephone:

Name:

Street Address:

City, State &amp; Zip Code:

Telephone:

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FORMER PARTNERS/JOINT VENTURERS. List the following information as to all prior partners (general and limited) and joint venturers of the applicant during the past 10 years that are not listed above. Use **additional copies of this section as necessary**.

Name:

Street Address:

City, State &amp; Zip Code:

Telephone:

Dates during which individual was a partner:

**SUPERSEDED**

Name:

Street Address:

City, State &amp; Zip Code:

Telephone:

Telephone

Dates during which individual was a partner:

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

**SECTION FIVE**

(This section to be completed only if the business concern is organized in a form other than a sole proprietorship, corporation, partnership or joint venture-such as a trust or association)

FORM OF BUSINESS ORGANIZATION: Describe how the business entity is organized and under what legal authority it was established.

---

Type (trust, trade association; estate; etc.)

Copy attached?

Yes

No

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**OWNERS, OFFICERS, TRUSTEES, CONTROLLING. PARTIES, ETC.** List the following information as to each person who owns, controls or is an officer or trustee of the Applicant. If any owner, officer, trustee, or controlling party listed below shall be a corporation, limited liability corporation, or partnership (general or limited liability), the Applicant shall supply the information requested in Sections Two, Three and Four as applicable. Use **additional copies of this section as necessary.**

Name:

Street Address:

City, State &amp; Zip Code:

Telephone:

Name:

Street Address:

City, State &amp; Zip Code:

Telephone:

**SECTION SIX**  
**CIVIL VIOLATIONS HISTORY**  
(To be completed by all applicants)

The following questions concern civil violations of environmental protection laws and regulations. In this section, the term "you" refers to the applicant identified in SECTION I, and to any of the following:

- SUPERSEDED**
- a. Any predecessor firm, or any previous name under which the applicant operated.
  - b. Subsidiaries: Any business in which the applicant holds 25% of equity or debt liability.
  - c. Sister companies: Any business in which the applicant's parent company holds more than 10% of the equity or debt liability.
  - d. Any corporation of which the Applicant is a subsidiary.
  - e. Any Officer, Director, Partner, or Joint Venturer of the applicant, and any business concern owned or controlled by any such individual.

Provide a response in each section. Each item pertains to all of the entities and individuals listed above. If an answer is None or the item is not applicable, write "None" or "N/A". A question left unanswered will not be presumed "Not applicable" or "None" - THE FORM WILL BE DEEMED INCOMPLETE.

As used below, the term "law or regulation pertaining to protection of the environment" includes laws and regulations relating to the discharge, treatment, storage, processing, recycling or disposal of industrial waste or hazardous waste and any others relating to water and air pollution, discharge of hazardous substances and treatment of hazardous materials. It includes regulations of the Passaic Valley Sewerage Commissioners ("PVSC"), N.J. DEP, the U.S. EPA, the N.J. DOT, and the U.S. Department of Transportation.

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- A. NEW JERSEY VIOLATIONS NOTICES. List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, settlements, Judicial or Administrative Consent Orders, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 10 years by the PVSC, New Jersey Department of Environmental Protection (DEP) or United States Environmental Protection Agency. **Attach additional sheets if necessary.**

Name of  
entity cited: **JR Metal Finishing**  
Address of  
alleged violation: **175 Christie Street, Newark NJ 07105**

Date  
Issued: **2001 ?**

Alleged violation: **Non-compliant treatment for Ph.**  
Disposition & explanation: **Fined and system brought into compliance**

Type of  
notice: **Not Known**

Name of issuing agency: **PVSC**

Docket No.: **Not known**

**SUPERSEDED**

- B. FEDERAL VIOLATION NOTICES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 10 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment. Use additional copies of this section as necessary.

**NONE**

Name of  
entity cited:  
Address of  
alleged violation:

Date  
Issued:

Alleged violation:

Type of  
notice:

Disposition & explanation:

Name of issuing agency:

Docket no.:

- B. NEW JERSEY MUNICIPALITIES AND COUNTIES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summonses, civil Complaints, Citations of any kind, and Notices of intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any municipality or county in the State of New Jersey, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Use **additional copies of this section as necessary**.

NONE

Name of  
entity cited:  
Address of  
alleged violation:

Date  
Issued:

Alleged violation:  
Disposition & explanation:

Type of  
notice:

Name of issuing agency:

Docket no.:

**SUPERSEDED**

- C. OTHER STATES AND FOREIGN COUNTRIES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summons, Civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any state other than the State of New Jersey or by any foreign country, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Use additional copies of this section as necessary.

NONE

Name of  
entity cited:  
Address of  
alleged violation:

Date  
Issued:

Alleged violation:  
Disposition & explanation:

Type of  
notice:

Name of issuing agency:

Docket no.:

SECTION SEVEN  
OTHER CIVIL COURT JUDGMENTS AND PENDING-LITIGATION

(To be completed by all applicants)

A. OTHER JUDGMENTS. List and explain all judgments of liability in excess of \$25,000 rendered against the applicant in the past 10 years, starting with the most recent. Use additional copies of this section as necessary.

Title of case:

Name & location

of court:

Nature of  
suit:

Docket No.:

Date judgment  
entered:

Amt./terms of  
judgment:

NONE

B. PENDING SUITS. List and explain all civil suits in which the applicant is presently involved as a party plaintiff or defendant. Include matters involving resolution before arbitration boards. Use additional copies of this section as necessary.

NONE

Title of case:

Name & location

of Court

Nature Of Suit

Docket No.:

Date Filed:

Status:

**SUPERSEDED**

**SECTION EIGHT****CRIMINAL CHARGES AND CONVICTIONS**

(To be completed by all applicants)

List all indictments, accusations, summonses, complaints, and information against the applicant for any crime, felony, misdemeanor, disorderly persons offense, petty disorderly persons offense or criminal violation.

**NONE**

NOTE: You need not list convictions for any violation of Title 39 of the Revised Statutes (N.J.S.A.) or comparable motor vehicle offenses in jurisdictions other than New Jersey. Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed under this item.

List convictions first. Use **additional copies of this page as necessary.**

**Name of entity charged/convicted:**

Description of crime/offense charged:

Date

Charged:

**SUPERSEDED**  
Jurisdiction  
Where Charged

Indictment information, Complaint No., indictment No. etc.,

Disposition (if applicable, sentence imposed):



CERTIFICATION  
(All applicants must sign and date the  
following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment.

Dated:

11/26/03

  
Signature

**Robert P. Micele**  
Print Title & Position

SUPERSEDED

From: Bart Fried To: Mark Picinich

Date: 3/17/2004 Time: 12:51:56 PM

Page 1 of 2

**FACSIMILE COVER PAGE**

---

**To :** Mark Picinich  
**Sent :** 3/17/2004 at 12:51:52 PM  
**Subject :**

---

**From :** Bart Fried  
**Pages :** 2 (including Cover)

Attn: Mark Picinich

Re: RJB Metal Finishing, Inc. Permit

Ammended results

SUPERSEDED

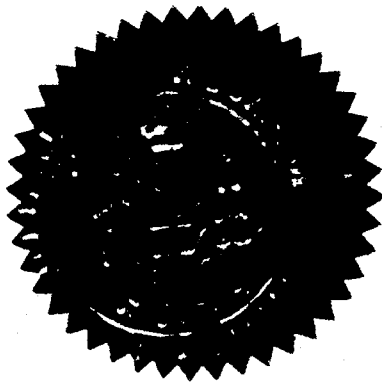
STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
FILING CERTIFICATION (CERTIFIED COPY)

R.J.B. METAL FINISHING INC.

0100795641

I, the Treasurer of the State of New Jersey,  
do hereby certify, that the above named business  
did file and record in this department a  
Certificate of Incorporation on October 14th, 1999  
and that the attached is a true copy of this  
document as the same is taken from and compared  
with the original(s) filed in this office and now  
remaining on file and of record.

IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
14th day of October, 1999

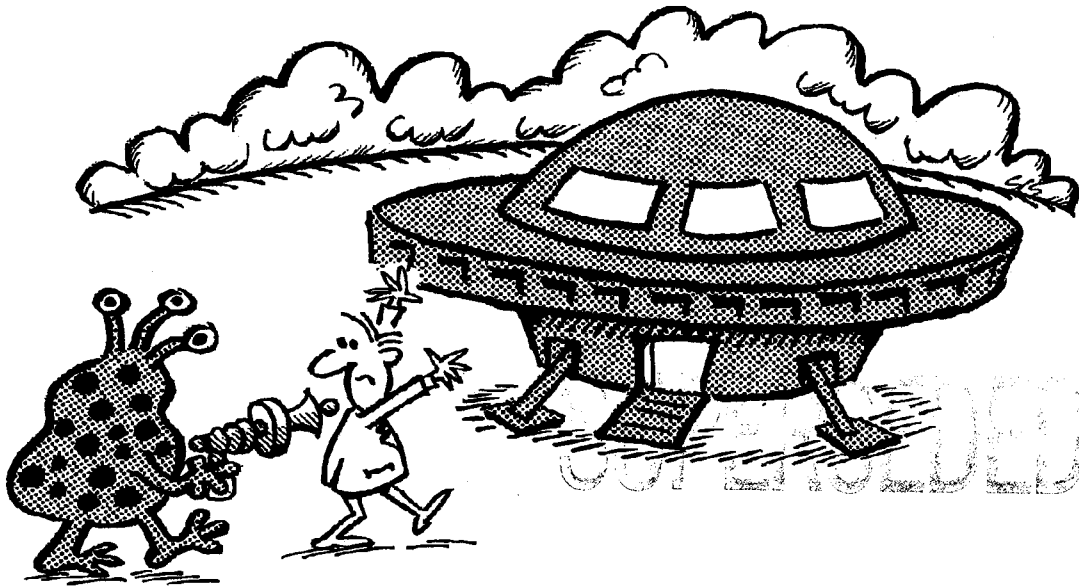


*Roland M Machold*

Roland M Machold  
Treasurer

## WinFax PRO Cover Page

Sorry about the  
delay in getting back  
to you. I was...

**MESSAGE:**

Attn: Mr. Mark Picinich

Today, we received our new Permit. However, I assume that you still desire to receive the revised floor plan and the Sec. E Analysis of Industrial Waste. I will fax that over shortly.

By:

Bart Fried  
R.J.B. Metal Finishing, Inc.

self, Phone: , Fax:

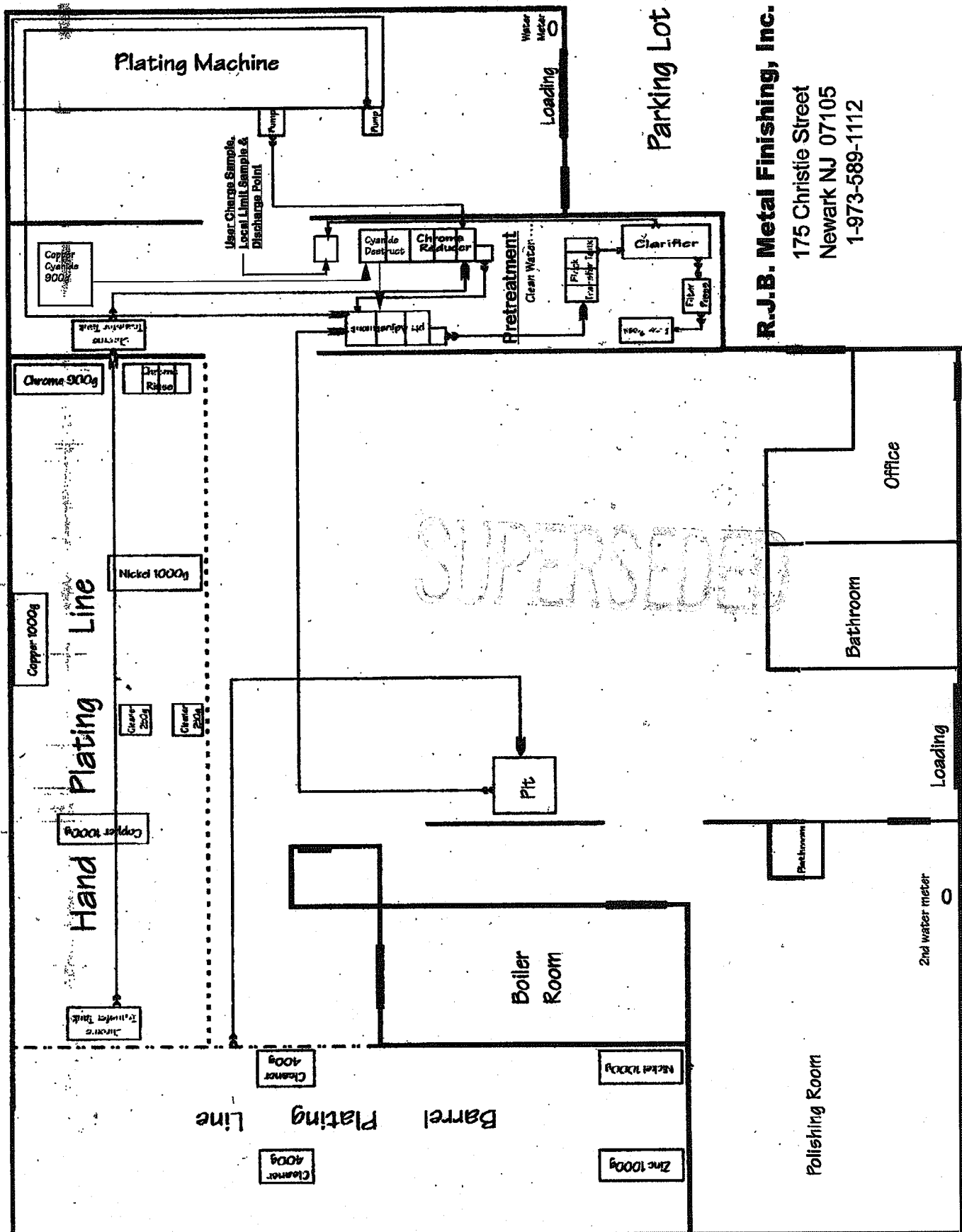
To: Mark Picinich

Fax Number : 19733444876

From : Bart Fried

Pages: 2

Date: 3/17/2004



**R.J.B. Metal Finishing, Inc.**

175 Christie Street  
Newark NJ 07105  
1-973-589-1112